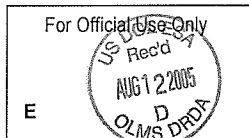


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5654</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Bruce</u> <u>W</u> <u>Word</u> P.O. Box, Bldg., Room No., if any <u>Suite 300</u> Street <u>2610 Crow Canyon Road</u> City <u>San Ramon</u> State <u>California</u> ZIP Code + 4 <u>94583-1547</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' Local Union No. 104</u> Labor Organization File Number <u>016-871</u> P.O. Box, Building and Room Number, if any <u>Suite 300</u> Street <u>2610 Crow Canyon Road</u> City <u>San Ramon</u> State <u>California</u> ZIP Code + 4 <u>94583-1547</u>
5. Position in labor organization. <u>President/Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any: <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/10/05</u> Date	<u>925-314-8600</u> Telephone Number

Name of Person Filing Bruce Word	File Number U-
----------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SMW Local 104 &amp; Bay Area Ind. Train. Fund</p> <p>Trade Name, if any: N/A</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1700 Marina Boulevard</p> <p>City San Leandro</p> <p>State California ZIP Code + 4 94577-4203</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name All contractors signatory to Local 104</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trust receives contributions from all contractors signatory to Local 104 and provides benefits to members and family.</p> <p>11.b. Approximate dollar value of such dealing. Unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>4-16: Industry Wk-Delegate fee/banq-Las Vegas \$170.00 5-4: Regional contest-Hotel-Modesto \$246.40 5-5: Regional contest-Banquet-Modesto \$150.00 6-24: Apprentice graduation banq-Burlingame \$150.00</p> <p>12.b. Amount. \$716</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing Bruce Word

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name National Energy Management Institute

Trade Name, if any: NEMI

P.O. Box, Bldg., Room No., if any Suite 250

Street 601 N. Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314-4139

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name All contractors signatory to SMWIA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trust receives contributions from contractors signatory to SMWIA and provides benefits to members.

## 11.b. Approximate dollar value of such dealing.

Unknown

## 12.a. Nature of interest held or income received.

4-18: Moisture Task Force-Dinner-Chicago \$49.00  
4-19: Moisture Task Force-Breakfast-Chicago \$23.00  
4-19: Moisture Task Force-Lunch-Chicago \$34.00  
4-28: Moisture Task Force-Hotel-Chicago \$228.65  
5-10: Task Force-Per Diem \$150.00

## 12.b. Amount.

\$485

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Adams Broadwell Joseph &amp; Cardozo

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any Suite 1000

Street 601 Gateway Boulevard

City South San Francisco

State California ZIP Code + 4 94080-7037

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Legal counsel for SMW Local 104.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Christmas gifts shared with office:

1. See's candies - \$66.00
2. Smoked salmon - \$54.00

## 12.b. Amount.

\$120

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AllianceBernstein

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any

Street 1345 Avenue of the Americas

City New York

State New York ZIP Code + 4 10105

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Northern California Pension Fund

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any Suite 200

Street 2610 Crow Canyon Road

City San Ramon

State California ZIP Code + 4 94583-1547

## 11.a. Nature of such dealing.

Large cap money manager.

## 11.b. Approximate dollar value of such dealing.

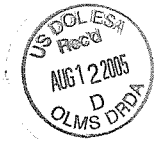
Unknown

## 12.a. Nature of interest held or income received.

2-26: State Building Trades Convention-Dinner-Los Angeles \$70.00

## 12.b. Amount.

\$70



August 10, 2005

U.S. Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, NW  
Washington, DC 20210.0001

Dear Sir or Madam:

The enclosed LM-30 form represents my best recollection and estimate of those items that are required to appear on the form. These items have been reconstructed from the documentation that I have been able to turn up for the year 2004.

I was not aware, during calendar year 2004, of the LM-30 filing requirement and therefore, have not either retained, or systematically maintained records which would aid in the filing of an LM-30 report.

Should I discover any additional documents or records, or recall any additional items which are required to appear on this form, I will file a supplemental LM-30 report.

Sincerely,

Bruce Word  
Business Manager/President

jcm:opeiu #3  
enclosure